

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 03/15/01?
- b. The request was received on 03/15/02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/14/02
  - b. HCFA-1500s
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/25/02
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/10/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 04/11/02. The response from the insurance carrier was received in the Division on 04/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 03/14/02 states,  
"The above radiological examination is being disputed for reimbursement...Please find the attached documentation, from the treating physician, which supports the need for this radiological examination."

2. Respondent: Letter dated 04/25/02 states,  
 “The requestor charged the carrier this service based on an assumption that the charge was appropriate for each lumbar level associated with the discography, despite the 4/1/96 Medical Fee Guideline code descriptions and ground rule.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 03/15/01.
2. The carrier’s EOB has the denial, “F – REDUCED IN ACCORDANCE WITH THE APPROPRIATE TWCC FEE GUIDELINE’S MAXIMUM ALLOWABLE REIMBURSEMENT.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
03/15/01	72295-26-76	\$87.00	\$0.00	F	\$76.00	MFG, CPT & modifier descriptors	The provider billed the disputed CPT code 3 times on the DOS in dispute, billing for each lumbar level. The carrier reimbursed 1 level and references the Medical Fee Guideline (MFG), CPT descriptor in their denial of the other 2 levels. The CPT descriptor states, “Diskography, lumbar, radiological supervision and interpretation.” The 29 <sup>th</sup> edition of the <u>Dorland’s Medical Dictionary</u> , defines diskography as “radiography of the spine for visualization of an intervertebral disk, after injection into the disk itself of an absorbable contrast medium.” It is not necessary for the CPT descriptor to state reimbursement per level when the definition of diskography is considered. The definition of diskography itself indicates that it should be billed per level. The medical documentation indicates that 3 levels were performed and that the provider billed properly. Therefore, additional reimbursement of \$152.00 is recommended.
03/15/01	72295-26-76	\$87.00	\$0.00	F	\$76.00		
<b>Totals</b>		\$174.00	\$0.00				The Requestor is entitled to additional reimbursement of \$152.00.

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$152.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15<sup>th</sup> day of May 2002.

Larry Beckham  
 Medical Dispute Resolution Officer  
 Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.